Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification:: 128/200
Suggested Group Art Unit:: 3600
CD-ROM or CD-R:: None

Title:: Patient Interface with Forehead Support System

Attorney Docket Number:: 01-24 Request for Early Publication?:: No Request for Non-Publication?:: Yes Suggested Drawing Figure:: 1 **Total Drawing Sheets::** 10 Small Entity?:: No Petition included?:: No Secrecy Order in Parent Appln.?:: No

Applicant Information

Applicant Authority Type:: Inventor Primary Citizenship Country:: US

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

City of Residence::

State or Province of Residence::

Jason

P

Eaton

Monroeville

Pennsylvania

Country of Residence:: USA

Street of mailing address:: 222 Elliott Road City of mailing address:: Monroeville State or Province of mailing address:: Pennsylvania

Country of mailing address:: USA Postal or Zip Code of mailing address:: 15146

Applicant Authority Type:: Inventor Primary Citizenship Country:: US

Status:: Full Capacity
Given Name:: Richard
Middle Name:: J
Family Name:: Lordo

City of Residence::

State or Province of Residence::

Pennsylvania

Country of Residence:: USA

Street of mailing address:: 3503 Sunnyvale Drive

City of mailing address::

State or Province of mailing address::

Pennsylvania

Country of mailing address:: USA
Postal or Zip Code of mailing address:: 15101

Applicant Authority Type:: Inventor Primary Citizenship Country:: US

Status:: Full Capacity

Given Name::

Family Name::

City of Residence::

State or Province of Residence::

Lance

Busch

Trafford

Pennsylvania

Country of Residence:: USA

Street of mailing address:: 34B Murrysville Road

City of mailing address:: Trafford
State or Province of mailing address:: Pennsylvania

Country of mailing address:: USA Postal or Zip Code of mailing address:: 15085

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United Kingdom Status:: Full Capacity

Given Name:: Peter Family Name:: Ho

City of Residence:: Pittsburgh
State or Province of Residence:: Pennsylvania

Country of Residence:: USA

Street of mailing address:: 2227 Chapparal Drive

City of mailing address:: Pittsburgh
State or Province of mailing address:: Pennsylvania

Country of mailing address:: USA
Postal or Zip Code of mailing address:: 15239

Correspondence Information

Correspondence Customer Number:: 30031

Representative Information

Representative Customer Number:: 30031

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date:
This Application	Non-Provisional of	60/408,836	09/06/02

Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::
Postal or Zip Code of mailing address::

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